



Practitioner's Docket No. KPER-4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenneth Perlin

Application No.: 09/718,008

Filed: 11/21/00

For: METHOD AND APPARATUS FOR NOISE

**CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R.
§ 1.8(a)(i)(1)(A))**

I hereby certify that on August 2, 2011 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

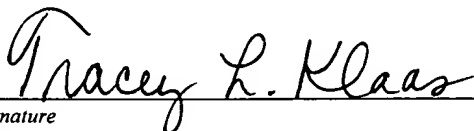
Fees: Three-month extension Amount: \$555.00 Payment By: Check

Other: AMENDMENT

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.



Signature

Telephone Number: 412-621-9222

Tracey L. Klaas

Type or print name of person certifying



Zhu

Practitioner's Docket No. KPER-4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenneth Perlin

Application No.: 09/718,008

Group No.: 2628

Filed: 11/21/2000

Examiner: Jin Cheng Wang

For: METHOD AND APPARATUS FOR NOISE

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | |
|---|---|---------------------------------------|------------------|---------------------|---------------|--|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | |
| TOTAL | 4 | 20 | 0 | \$ 26.00 | \$ 0.00 | | |
| INDEP. | 1 | 3 | 0 | \$ 110.00 | \$ 0.00 | | |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | \$ 0.00 | \$ 0.00 | | |
| | | | | TOTAL ADDIT. FEE | \$ 0.00 | | |

No additional fee for claims is required.

FEE PAYMENT

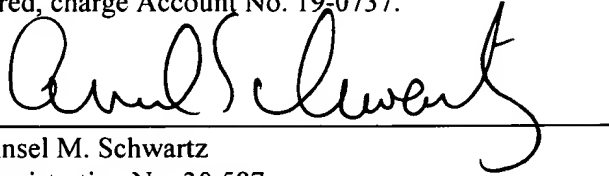
5. Attached is a check in the sum of \$555.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

A handwritten signature in black ink, appearing to read "Ansel Schwartz", is written over a horizontal line.

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